CLASS II INJECTION WELL DATA FORM OSAGE COUNTY, OKLAHOMA

Date: -1(0-	90 By: UP P	ermit #06S126	ABR	Form # <u>241</u>	.9	
Well Location (b) (9)	(b) (9)					
Legal Owner:	Name KWB Oil Proporty Mont Inc Street 15 E. 5th St. Ste 3300 City Dulca State OK Zip 74103					
		>&_		KZ1p/_	1103	
Operator:	Name				-	
				r		
٠,	Phone ()				JAN 1 8 1990	
		DATABASE UPDATE			EHA SW-S	
New Info. Lis	ted Above:	<u>Delete</u>		Well Statu	s change ON VI	
Owner	_	Gas Well		TA		
Operator		Oil Well		Dual Comp.		
Address		Plugged		Active		
Phone #	_	Water Input	e.	Inactive _		
Legal	_	Duplicate of		Other		
Feet Line	<u>~~</u>	Cancelled				
Well # Remarks:			. *		·	
	1. BIA 208 2. BIA 139 / 3. Letter 4. Schematic					
	5. Verification Form 6. Inspection Rpt. 7. BIA Memo					
	8. Bond/Assignment 9. Cement Info 10. ROC					
	11. Lease Status	Report 12. F	Permit Trk. S	Sheet		
Remarks:						

PA/UIC_INSPECTION REPORT

Inspection Type reg.	RECEIVED	Inventory No. 24/9
Inspection Frequency status	JAN 1 8 1990	Authorization
Violation Code	1999-98 AND SECTION	Authorized to Inject
	EPA 6W-S	
Company/Operator + wB	REGION VI	i i
	- Th - St. # 3300	Tulsa, Ox 74103
Business Address 15 E . 3 Individual Contacted Lease Name & Well No.	Fed Prot	Title
Lease Name' & Well No.	7,	¥59
Legal Description (b) (9)	6	
Well Information: SWD/ER,	Active/TA(P&A)	
Authorized	Injection: Pre	ssure Rate
Long Strir	ng Casing Size	6%" 5% Tubing Size
Report of Conditions as of th		led up for injection. Yes Wo
		ked up for injection: Yes
Injecting at time of inspec		V (N- N)- N N N N
		ng annulus: Yes/No/Not Applicable
Injection Pressure gen	<i>?</i> ;	How Determined PJA
Annular Pressure	;	How Determined
Injection Rate	· · · · · · · · · · · · · · · · · · ·	How Determined
Well plugged at Surface:		
Samples Taken	Pho	tographs Taken
Description of wellhead ho	okup and injection	on facility:
P + A; ourface som		
		Ve.
Weather Conditions and Obs	ervations_cle	a few high this northwest
winds at 8 mph 440	F recent dir	on few high thin, northwest
	,	
Inspection Date 01/2/20	Time Arrived	/525 Departed /535
Field Inspector	50	
EPA Reviewer	as lamores	Date

UNITED STATES

DEPARTMENT OF THE INTERIOR

OSAGE INDIAN AGENCY PAWHUSKA, OKLAHOMA 74056

Date 11-30-89

APPLICATION FOR OPERATION OR REPORT ON WELLS

UIC/EPA

DEC 07 1989 (Amount) (Commencement money paid to whom) (Date) Well No. ee County, Oklahoma. above sea level is 856 ft e elevation of the MANAGE IDEAR USE THIS SIDE TO REPORT COMPLETED WORK USE THIS SIDE TO REQUEST AUTHORITY FOR WORK (one copy required) (three copies required) Notice of intention to: Character of well (whether oil, gas or dry) _ D Subsequent report of: D Plus _ D Conversion . Deepen or plug back . Formation treatment . D Convert Altering casing __ 0 Pull or after casing . 0 П Plugging back _ Formation treatment . Plugging . Details of Work & Results Obtained Detalls of Work Perforated 4 holes @ 1327'. Ran tbg & placed Drilling applications will state proposed TD & Horizons to be 35 sks plug 1362' to 1100'±. Sqzd additional sested. Show size & length of casings to be used. Indicate pro-25 sks into formation thru perfs @ 1327'. Filled posed mudding, cementing & other work. csg w/ gel mud from 1100' to 225'. Pull tbg Plugging applications shall set forth reasons for plugging & up to 225 & perf 4 holes @ 225'. Circ cmt out detailed statement of proposed work. Plugging will not comof 6-5/8". Sqzd & circ around 6-5/8" & 8-1/4" mence until 10 days following approval date unless authority to surface. Total cmt 180 sxs. Cut csg off granted for earlier commencement. 3' below ground level & welded on steel plate. Well production prior to work Restore location. BALL on bbk wt./24 hra 9-12 19 89 Work commenced _ . 19_89 9-18 Work completed . (Continue on reverse side if necessary) RECEIVED This block for plugging information only CASING RECORD JAN 1 8 1990 In hole when Amount M parted Size recovered started Depth How EPA SW.S 69 8-1/4 I understand that this plan of work must receive VI approval in writing of the Osage Indian Agency 6-5/8" 1580 5-3/16 1579-2006 before operations may be commenced. ORIGINAL TOTAL DEPTH KWB Uil Property Mgmt, Inc. Lessee: . Signature: _ Signature Subscribed and sworn to before me Title: _ Dicember Address: Notary Public Approved: _ 9/16/192 Osage Agency Inspector My commission expires _